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				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
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APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
09/752,712 12/28/2000		James E. Parker		VTECH-48514 9398			
TITLE OF INVENTION: DRUG TEST KIT							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE TO	OTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0	\$0		09/11/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS				
SIEFKE, SAMUEL P		1797	422-061000				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) MODERN OPTICS, INC. Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government							
	are submitted: No small entity discount # of Copies	 b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 002425 (enclose an extra copy of this form). 					
a. Applicant clair	atus (from status indicatens SMALL ENTITY stat	tus. See 37 CFR 1.27.	☐ b. Applicant is no				
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Authorized Signature/David G. Parkhurst/				Date August 27, 2008			
	ne <u>David G</u>			Registration			
Alexandria, Virginia 22	313-1450. D	CFR 1.311. The informati 5 U.S.C. 122 and 37 CFR ite USPTO. Time will var- urden, should be sent to the O NOT SEND FEES OR o persons are required to re-	COMPLETED FORM	3 TO THIS ADDRES	os. senu i	O. Commissioner	d by the USPTO to process) ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, I number.
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